

It displays a valid OMB control number.

Substitute for Form PTO-875

(Column 1) (Co)

\* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED - PART II

DATE (\$)	ADDL
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1. *Chlorophyll a* (Chl *a*)

\_\_\_\_\_

1

CLAIMS	HIGHEST	(column 2)	(column 3)
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1	
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721	
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	FEE (\$)
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.. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter the "Highest Number Previously Paid For" IN THIS SPACE.

120.

1.14. This collection

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base. Any comments